

Oct. 7. 2005 1:30PM

No. 1397 P. 2

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 OCT -7 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1250237 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

BOSCHETTI, LUIS
2159 CORAL WAY
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name BOSCHETTI, LUIS
St 1200 E Ponce de Leon Blvd
Miami, FL 33134
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR. BOSCHETTI, LUIS
STREET ADDRESS 2159 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. MANAGING CHANGES

TITLE NAME ☒ Change ☐ Addition
MGR. BOSCHETTI, LUIS
STREET ADDRESS 1200 E Ponce de Leon Blvd
CITY-ST-ZIP Miami, FL 33134

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #